

# EXHIBIT Q



## Mental Health Referral

Form must be complete and legible.

**Demographics**

Inmate Name:	<i>Alendo, Sh. Mke</i>	DOC:	<i>6935</i>
DOB:		Gender:	<i>Male</i>

Date/Time of Referral:	<i>3/26/16</i>	Referred by: (Print)	<i>Teresa Latham, RN</i>
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Patient Current Housing Location:	<i>Inmate</i>
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Is the patient currently on Suicide Precautions:	<i>No</i>
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## Reason for referral: (Choose all that apply)

Suicidal Ideation     Prior Suicide Attempt(s)     Prior Mental Health History

Psychotropic Medication     Patient Request     Other: \_\_\_\_\_

## Comments: Describe below and/or

See attached Intake Screen     See attached Mental Health Screening     See attached NET/MET

**Comments****Referral Classification**

<input type="checkbox"/> Emergent (within 24 hours)	<input type="checkbox"/> Urgent (within 48 hours)	<input type="checkbox"/> Routine (within 72 hours)	<input type="checkbox"/> Mental Health Evaluation (within 14 days)
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*Unstable population  
See Intake 3-26-16  
Initial Screen*

**Received by Mental Health Staff**

Print Name: *Ruth Harrison*    Title: *MHS*    Date/Time: *12:00 3-26-16*